

EXTRA-UTERINE CONCEPTION.

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EXTRA-UTERINE CONCEPTION.

I HAVE been induced to bring the subject of extra-uterine conception under the notice of the Society, not only from its being a rare and obscure form of pregnancy, but because it is the most fatal both to the mother and child. Added to these circumstances I have an additional reason, in having a lady now under my care who is suffering from that melancholy accident, and I have the opportunity of showing you some of the bones of the foetus which were expelled from the rectum at different times.

Extra-uterine pregnancy is an accident which is not confined in its occurrence to women, as it is occasionally met with in the lower animals, and its occurrence is equally unaccountable in all classes. It was first noticed, apparently, in the eleventh century by Albucasis, an Arabian physician, who reports a case in which an abscess formed at the umbilicus, and when it burst the bones of a foetus were discharged. Little notice of this form of pregnancy is found after that period until the year 1531, when Polinus referred to the case of a woman, the mother of nine children, in whom an abscess formed in her left hypochondrium in her tenth pregnancy, which gave exit to a male child that lived eighteen months; but the mother died in great suffering on the third day after the expulsion of the child. In the early part of the sixteenth century Cornax dilated an ulcer near the umbilicus and removed a foetus in a semi-putrid state, which had apparently been retained five years. Felix Platerus relates a case of a concubine of one of the sacerdotal orders, who in the third pregnancy suffered severe pain for eight days, resembling the pains of labour, which ceased without delivery. A variety of complaints came on, followed by the formation of a small swelling above the umbilicus, from which, on making an incision, an entire foetus was removed in a semi-putrid state, and the patient made a good recovery. Cordæus, a cotemporary of Platerus, relates a case of a lady who had been married many years without having a family, when at the age of forty she had all the signs of labour without any fruitful result. The pains subsided, but they were followed by prolonged bad health, which confined her to bed for

three years, when she died. On opening the abdomen a foetus was found encased in a bony crust. It must have remained in the abdomen twenty-eight years. Primrose relates an interesting case of a woman aged thirty, who, after giving birth to seven children, conceived again in 1591, when everything seemed to go on as usual until the ninth month, when lumbar pains came on, but they terminated without any satisfactory result, and the foetal movements ceased. The abdomen on the right side remained large. Her menses returned and continued regular for two years, when she again had signs of pregnancy, attended with foetal movements and increased size of the abdomen. At the eighth month the foetal movements were most violent, and they were accompanied with pains in the lower part of the abdomen. These ceased, as on the former occasion, without delivery. After three months a tumour formed on the right side of the abdomen, quite distinct from the swelling on the left side. An abscess formed on the right side of the umbilicus, and when it burst it discharged a quantity of pus, along with foetal bones. This led to the swelling on the left side being opened, when the bones of another foetus were found and removed. Hil-danus mentions a woman of forty-five years of age, the mother of eleven children, who again became pregnant; but the pains, resembling those of labour, terminated without delivery. She afterwards became subject to severe pains resembling labour, and gradually a large tumour formed at the umbilicus, which was opened, and the skeleton of a foetus was removed. Cicatrization followed, and the patient was restored to health.

I have referred to these cases not only from their extreme interest, but because they seem to point out the treatment which it would be justifiable and judicious to follow in many cases.

Authors have divided extra-uterine pregnancy into three orders, designated the ovarian, the tubal, and the ventral. These may be readily distinguished after death, but it is impossible to do so during life; and even if it were possible, it would lead to no change or improvement in the treatment.

Symptoms.—The symptoms are extremely variable and uncertain, which renders a diagnosis very difficult in the early months. In some cases they differ little from natural pregnancy, and the health remains for some time unimpaired, or even to the period of ordinary pregnancy. In other cases the symptoms resemble those of some uterine or ovarian disease, and are attended with such intense suffering in the abdomen as in some cases to produce syncope. In some cases the catamenia are not suspended, in others they are irregular, in the early months, being occasionally very profuse. It is not unusual for clots like moles to be expelled from the uterus, giving the impression that abortion has taken place. The breasts enlarge, and the areola becomes dark. There is occasional sickness, and sometimes the stomach is so irritable that it rejects everything. The foetal movements are felt, but not in the natural

situation. There may be constipation, but more frequently there is diarrhœa with violent tenesmus, especially if the tumour is in the neighbourhood of the rectum; at the same time there is suppression of urine. Occasionally there is excruciating pain near the umbilicus resembling colic. Champion refers to a sense of weight and uneasiness in the pelvis, which extends in some instances up to the kidneys, as a symptom especially to be observed. On examination per vaginam the uterus is generally slightly enlarged, but not to the extent corresponding to the period of pregnancy. In some cases there is a difficulty in reaching the os uteri; in others, in place of being raised up it is pressed down, so that it protrudes from the vulva. Astruc was of opinion that this form of pregnancy was more apt to occur in unmarried women and widows than in married women of regular habits. But it is confined to no period of life after puberty, as there are cases recorded as occurring in girls of thirteen as well as women above forty-six.

The period at which the fœtus dies is variable. In some cases it survives until the ninth month of gestation. The period at which the mother dies is equally variable. According to Dr Campbell, "in ninety-eight cases in which he could decide, or nearly so, on the stage of pregnancy, the fœtus died at the close of nine months; seven about the seventh month; one in the sixth month; two in the fifth month; two in the fourth month; and one at the end of the first month.

The accident occurred "in the first pregnancy in four cases; in the second, in eleven cases; in the third, in thirteen cases; in the fourth, in four cases; in the fifth, in four cases; in the sixth, in four cases; in the seventh, in two; in the eighth, in two; in the ninth, in one; in the tenth, in one; in the eleventh, in one; in the twelfth, in one; and in the thirteenth, in one."

This author mentions the remarkable instance of two patients who had three extra-uterine fœtuses in their abdomen at one time, and both recovered, the decomposed fœtuses having been removed through the walls of the abdomen. He also states that nine women became pregnant in the natural way while the intra-uterine fœtus was still in the abdomen, one four times, one six times, and one seven times.

The period which the fœtus may be detained in the abdomen is very variable and uncertain, depending in a great measure on the constitution of the patient; hence it varies from three months to fifty years. In twenty-six of Dr Campbell's cases the bones of the fœtus were evacuated through the rectum, and six of the mothers died. In twenty-nine cases the bones of the fœtus were evacuated through the walls of the abdomen, and three of the mothers died. In eight cases the fœtal bones were discharged from the vagina, and three of the mothers died.

Cause.—This is exceedingly obscure, and although many theories have been suggested, no satisfactory one has been arrived at.

It has been supposed to be occasioned by a fright, fear, anxiety, or a fit of passion occurring during connexion; but the truth is, that we are still totally in the dark in regard to its cause, therefore no prophylactic has hitherto been suggested.

Diagnosis.—This is extremely difficult in the early months, if not impossible, but as pregnancy advances it becomes more practicable through the means of the stethoscope and the uterine sound, and by examination per vaginam and per rectum. If we find that the size of the uterus does not correspond with the period of pregnancy, our suspicions may be roused, and they may be confirmed if the sounds of the foetal heart are not heard in the usual place, and being at a distance from the uterus, also by the continuance of the catamenia, and by the os uteri being open; in which circumstances it will be justifiable to introduce the uterine probe, which in all probability will throw much light on the nature of the case.

Prognosis.—The prognosis of the case must always be of the most cautious kind, as much must depend on the constitution of the patient, and as inflammation may suddenly come on and prove fatal. Therefore it is impossible to give a definite or satisfactory opinion as to the likely termination.

Treatment.—This must be entirely palliative, in many cases depending on the symptoms which arise. Everything which is likely to excite the patient is to be avoided; she should therefore refrain from active exertion, and remain very much in the recumbent posture. The bowels should be regulated by mild medicines, and probably the best will be castor oil or Gregory's mixture. The pains should be moderated by the bromide of potassium, chloral, or camphor, rather than by opium, which is apt to interfere with digestion. It may be given, however, with great advantage in the form of suppository. The strength must be supported by nourishing and easily digested food. If there is irritability of the stomach it may be overcome by effervescing draughts, and the violent acidity by antacids, such as the bicarbonate of potash and bismuth. Should inflammation come on it must be subdued by antiphlogistic means, in which leeches may be included. Poulices are often very soothing, especially when an abscess is obviously forming, which is indicated by frequent rigors. The moment the abscess is matured it should be opened, as in many instances it may contain the bones of the foetus. After the expulsion of the foetal bones stimulants and tonics should be given.

The Cæsarean section has been suggested, and it has been practised with considerable success on the Continent. Dr Campbell¹ refers to thirty cases in which "gastrotomy," as he calls it, had been performed, and twenty-eight of them proved successful, so far as the mother was concerned. In nine cases in which the operation was performed during the life of the child or soon after its death, all the

¹ *System of Midwifery*, p. 641.

mothers died. He adds that out of fifty cases in which this operation was performed, only two of the children were saved. Therefore, so far as the children are concerned, the operation is not encouraging.

The case of the lady now under my care is one of deep interest, and I am in hopes that she may ultimately be restored to health. She is now in her thirty-seventh year, and is the mother of three children. About four years ago she became pregnant, as she thought, in the natural way, although she felt very different from what she had ever done before, and her general health became much impaired, and she had frequent sickness and vomiting. About the fourth month severe pains came on, leading her to suppose that she was going to have a miscarriage, but they subsided without that result. She became a confirmed invalid. She suffered much pain in her left groin and lumbar region. The abdomen became immensely enlarged, and her menses ceased for ten months, after which period they returned and continued regular until a few months ago, when she was seized with typhus fever, followed by rigors, frequent vomiting, diarrhoea, and dysuria. These symptoms became modified after the expulsion of some small bones, consisting of a scapula, a tibia, and a rib, etc.

She now came entirely under my care, her country medical attendant having fallen into bad health. On examination I found the abdomen much distended, which prevented any tumour being felt externally, and there was considerable tenderness on pressure on the left hypogastric region. On examination per vaginam the uterus felt slightly enlarged and retroverted, the os was sufficiently dilated to admit the point of the finger, but no tumour could be felt in the vagina; on examination per rectum, however, a tumour about the size of a foetal head could be felt high up on the left side of the spine, and was exceedingly tender to the touch. I therefore concluded that a large portion of the foetus still remained.

On this occasion she mentioned that she had had repeated blisters applied to the abdomen without any benefit. She therefore had spongiopiline sprinkled with spirit of camphor applied in place of the blisters and large poultices she had been using; and for the irritability of stomach, she had the liq. bismuthi in the form of effervescence, along with the bicarbonate of potash and citric acid. After the sickness was allayed she was ordered to take a dose of castor oil; when it acted it brought away a quantity of bones, among which there was a large portion of the scalp, along with a quantity of white fluid, which proved to be principally composed of pus.

As she still suffered pain she was ordered to use morphia suppositories, which gave her great relief and comfort. After the introduction of the first she slept nine hours. Pus still came away from the rectum, accompanied with tenesmus, and occasionally some

small bones were expelled. She was ordered to have nourishing diet and port wine, and, when the irritability of the stomach came on, to take the effervescing draughts and ice.

She now came to Portobello, for the benefit of change of air. The abdomen was now much diminished in size, and on examination per vaginam the parts were natural, but the rectum was found loaded. She was therefore ordered to have castor oil, which brought away a large quantity of scybalous matter, which nearly filled a large *pot-de-chambre*, but there was no pus or bones. On examining the rectum it felt much relaxed, but there was no tumour. I therefore concluded that many bones must have come away without being observed; but four days after this examination she had a return of pain and puffiness of the abdomen, accompanied with irritability of stomach, and rigors, followed by a profuse discharge of pus from the rectum, with several foetal bones, among which were the other scapula and the other tibia. She felt considerably exhausted after this, but in a few days she was able to go and sit for an hour and a half on the sea-beach, and three days after that she returned home, a distance of upwards of thirty miles, and suffered comparatively little fatigue.

She is now getting nourishing diet with port wine, and occasionally a little brandy, along with Easton's tonic syrup.

A month after the above report she had a return of sickness and violent pain in the rectum, and when the bowels were moved the other half of the scalp was expelled. But pain in the rectum still continued, and the bowel was so much relaxed that the suppositories which had given so much relief could not be retained. An injection of alum and opium was therefore recommended.

Months after the last report she had
 symptoms of cellulitis. The abscess
 a quantity of matter, along with a length
 and a tibia came down from the
 vagina. She still felt great uneasiness
 a sense of something being in the
 vagina. On examination it was found
 packed up with bones. Both some
 finally I was enabled to remove
 temporary